



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

**Agency:** Health Care Authority, Washington Apple Health

- Preproposal Statement of Inquiry was filed as WSR 15-12-012; or
- Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR \_\_\_\_\_
- Continuance of WSR \_\_\_\_\_

**Title of rule and other identifying information:**

182-533-0600 Planned home births and births in birthing centers

**Hearing location(s):**

Health Care Authority  
Cherry Street Plaza Building; Conf Rm  
626 - 8<sup>th</sup> Avenue, Olympia WA 98504

Metered public parking is available street side around building. A map is available at:  
[http://www.hca.wa.gov/documents/directions\\_to\\_csp.pdf](http://www.hca.wa.gov/documents/directions_to_csp.pdf)  
or directions can be obtained by calling: 360-725-1000

Date: **September 8, 2015** Time: **10:00 a.m.**

**Date of intended adoption:** Not sooner than **September 9, 2015**  
(Note: This is NOT the effective date)

**Submit written comments to:**

Name: HCA Rules Coordinator  
Address: PO Box 45504, Olympia WA, 98504-5504  
Delivery: 626 – 8<sup>th</sup> Avenue, Olympia WA 98504  
e-mail [arc@hca.wa.gov](mailto:arc@hca.wa.gov)  
fax (360) 586-9727

by **September 8, 2015**

**Assistance for persons with disabilities:** Contact  
Jeff Stender by **September 4, 2015**  
TTY (800) 848-5429 or (360) 725-1307 or e-mail:  
[jeff.stender@hca.wa.gov](mailto:jeff.stender@hca.wa.gov)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The proposed rule reflects state requirements that hospitals and health care providers attending births inform parents of required newborn screening tests and prophylactic eye ointment. The proposed rule also requires that these providers inform parents of the risks and benefits of vitamin K injection. During the course of this review, the agency has also revised language to improve readability and replace outdated references to "MAA."

**Reasons supporting proposal:** The agency aims to clarify requirements for providers attending births.

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160, 70.83.020; SHB 1285, Chapter 37, Laws of 2015, 64<sup>th</sup> Legislature 2015; WAC 246-100-202

**Statute being implemented:** RCW 70.83.020; SHB 1285, Chapter 37, Laws of 2015, 64<sup>th</sup> Legislature 2015; WAC 246-100-202

**Is rule necessary because of a:**

- Federal Law?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

**DATE**  
July 23, 2015

**NAME**  
Wendy Barcus

**SIGNATURE**

**TITLE**  
HCA Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: July 23, 2015**

**TIME: 8:36 AM**

**WSR 15-16-002**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

N/A

**Name of proponent:** Health Care Authority

- Private
- Public
- Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting.....Chantelle Diaz	PO Box 42716, Olympia, WA 98504-2716	(360) 725-1842
Implementation...Nancy Hite	PO Box 45506, Olympia, WA 98504-5506	(360) 725-1611
Enforcement.....Nancy Hite	PO Box 45506, Olympia, WA 98504-5506	(360) 725-1611

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone ( ) \_\_\_\_\_

fax ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

No. Explain why no statement was prepared.

The Joint Administrative Review Committee has not requested the filing of a small business economic impact statement, and these rules do not impose a disproportionate cost impact on small businesses.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone ( ) \_\_\_\_\_

fax ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

No: Please explain:

RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

**WAC 182-533-0600 Planned home births and births in birthing centers.** (1) ~~((MAA))~~ **Client eligibility.** The medicaid agency covers planned home births and births in birthing centers for ~~((its))~~ clients ~~((when the client and the maternity care provider))~~ who choose to ~~((have a home birth or to))~~ give birth at home or in an ((MAA)) agency-approved birthing center and ((the client)):

(a) ~~((Is))~~ Are eligible for ((CN or MN)) the alternative benefit package under WAC 182-501-0060, categorically needy or medically needy scope of care ((see WAC 388-533-400(2))) under WAC 182-533-0400(2);

(b) ~~((Has a MAA approved))~~ Have an agency-approved medical provider who has accepted responsibility for the planned home birth or birth in birthing center ((as provided in)) under this section;

(c) ~~((Is))~~ Are expected to deliver the child vaginally and without complication (i.e., with a low risk of adverse birth outcome); and

(d) ~~((Passes MAA's))~~ Pass the agency's risk screening criteria. ((MAA)) The agency provides these risk-screening criteria to qualified medical services providers.

(2) ~~((MAA approves))~~ **Qualified providers.** Only the following provider types ~~((to provide MAA covered))~~ may be reimbursed for planned home births and births in birthing centers:

(a) Physicians licensed under chapters 18.57 or 18.71 RCW;

(b) Nurse midwives licensed under chapter 18.79 RCW; and

(c) Midwives licensed under chapter 18.50 RCW.

(3) **Birthing center requirements.**

(a) Each participating birthing center must:

~~((a))~~ (i) Be licensed as a childbirth center by the department of health (DOH) under chapter 246-349 WAC;

~~((b))~~ (ii) Be specifically approved by ((MAA)) the agency to provide birthing center services;

~~((c))~~ (iii) Have a valid core provider agreement with ((MAA)) the agency; and

~~((d))~~ (iv) Maintain standards of care required by DOH for licensure.

~~((4) MAA))~~ (b) The agency suspends or terminates the core provider agreement of a birthing center if it fails to maintain DOH standards cited in ((subsection (3)) (a) of this ((section)) subsection.

~~((5))~~ (4) **Home birth or birthing center providers.** Home birth or birthing center providers must:

(a) Obtain from the client a signed consent form in advance of the birth;

(b) Follow ~~((MAA's))~~ the agency's risk screening criteria and consult with ~~((and/))~~ or refer the client or newborn to a physician or hospital when medically appropriate;

(c) Have current, written, and appropriate plans for consultation, emergency transfer and transport of a client ~~((and/))~~ or newborn to a hospital;

(d) Make appropriate referral of the newborn for pediatric care and medically necessary follow-up care;

(e) Inform parents of ~~((the benefits of a))~~ required prophylactic eye ointment and newborn screening tests ((and offer to)) for heritable or metabolic disorders, and congenital heart defects, and send the

newborn's blood sample to the (~~department of health~~) DOH for testing; (~~and~~)

(f) Inform parents of the benefits and risks of Vitamin K injections for newborns; and

(g) Have evidence of current cardiopulmonary resuscitation (CPR) training for:

(i) Adult CPR; and

(ii) Neonatal resuscitation.

(~~6~~) **(5) Planned home birth providers.** Planned home birth providers must:

(a) Provide medically necessary equipment, supplies, and medications for each client;

(b) Have arrangements for twenty-four hour per day coverage;

(c) Have documentation of contact with local area emergency medical services to determine the level of response capability in the area; and

(d) Participate in a formal, state-sanctioned, quality assurance(~~+~~) improvement program or professional liability review process (~~(e.g., Joint Underwriting Association (JUA), Midwives Association of Washington State (MAWS), etc.)~~).

(~~7~~ ~~MAA~~) **(6) Limitations.** The agency does not cover planned home births or births in birthing centers for women identified with any of the following conditions:

(a) Previous cesarean section;

(b) Current alcohol (~~and~~) or drug addiction or abuse;

(c) Significant hematological disorders(~~+~~) or coagulopathies;

(d) History of deep venous (~~thromboses~~) thrombosis or pulmonary embolism;

(e) Cardiovascular disease causing functional impairment;

(f) Chronic hypertension;

(g) Significant endocrine disorders including preexisting diabetes (type I or type II);

(h) Hepatic disorders including uncontrolled intrahepatic cholestasis of pregnancy (~~and~~) or abnormal liver function tests;

(i) Isoimmunization, including evidence of Rh sensitization(~~+~~) or platelet sensitization;

(j) Neurologic disorders or active seizure disorders;

(k) Pulmonary disease;

(l) Renal disease;

(m) Collagen-vascular diseases;

(n) Current severe psychiatric illness;

(o) Cancer affecting (~~site of delivery~~) the female reproductive system;

(p) (~~Known~~) Multiple gestation;

(q) (~~Known~~) Breech presentation in labor with delivery not imminent; or

(r) Other significant deviations from normal as assessed by the provider.